



## COMMONWEALTH of VIRGINIA

RAY T. SORRELL  
DIRECTOR

BRUCE U. KOZLOWSKI  
DEPUTY DIRECTOR

### *Department of Medical Assistance Services*

SUITE 1300  
600 EAST BROAD STREET  
RICHMOND, VA 23219

Dear Participating Vision Services Provider:

Since the establishment of the Department of Medical Assistance Services, one of our primary goals has been to improve communications between providers and the Medicaid program. In reaching for that goal, we are pleased to be able to present a completely rewritten and up-to-date manual for your use.

This manual states, in an organized and coherent format, the policies and procedures applicable to Virginia Medicaid vision services providers. It provides general information about Medicaid, and describes provider participation agreements, recipient eligibility, covered services and service limitations, billing instructions, and Medicaid's utilization review and control processes.

The manual's design allows for the insertion of revisions or new pages which will be issued by this department as they are needed. Proper use and maintenance of the manuals by you and your staff will increase understanding of the program and help eliminate reimbursement errors. Chapter One lists telephone numbers for your use if you need additional information or assistance.

I sincerely hope you agree with me that the development of this manual is a very important step forward in our mutual effort to provide better service to Medicaid recipients.

Thank you for your efforts in this regard and your support of the goals of the Medicaid program, and for your service to Virginians in need of this assistance.

With kind regards, I am

Sincerely,

A handwritten signature in cursive script that reads "Ray T. Sorrell".

Ray T. Sorrell

RTS/ml